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Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Chandan JS, Taylor J, Bradbury-Jones C, Nirantharakumar K, Kane E, Bandyopadhyay S. COVID-19: a public health approach to manage domestic violence is needed. *Lancet Public Health* 2020; published online May 8. https://doi.org/10.1016/S2468-2667(20)30112-2.

1. Surveillance

What is the problem?

Define the burden of Domestic violence (DV)/Child abuse and neglect (CAN) through systematic data collection during the isolation and quarantine period. Bespoke pandemic actions may include:

1. Daily published estimates from police, healthcare, charity and social services administrative records as to the burden of DV/CAN
2. Routine enquiry during clinical or health protection contacts with the general public (exploring any risk factors for DV/CAN if advised to stay at home)
3. Linking datasets to improve communication between public sector organisations and to improve the detection of individuals at risk
4. Adapting active syndrome surveillance methods through text messages or hidden application notifications to provide regular opportunities to report DV/CAN

2. Identify risk and protective factors:

What are the causes?

Likely causes of increased risk of DV/CAN relate to the effects of isolation and quarantine which include movement restrictions, loss of income, isolation, overcrowding and high levels of stress and anxiety. Additionally there may be barriers to health seeking behaviour as well as impaired acute public sector responses. Bespoke pandemic actions may include:

1. When there is an indication of possible DV/CAN, a thorough risk assessment should be conducted to examine possible risk and protective factors for that individual
2. Trends of DV/CAN data must be broken down to examine if there are differential impacts or inequalities of those affected, particularly in hard to reach groups
3. Clinical and public health advisors should consider giving tailored advice adapted from the guidelines for those identified at risk of DV/CAN(e.g. if there is a risk at home, explore alternate opportunities for self-isolation in other settings)

3. Develop and evaluate interventions

What works and for whom?

Design, implement and evaluate interventions to see what works for DV/CAN during COVID-19. There is limited evidence of evaluated interventions to support survivors in the current context. However, there are numerous interventions suggested by public sector and third party organisations. Bespoke pandemic actions may include:

1. Direct those at risk to published checklists and guidance produced by the charity and public sector on keeping safe during the pandemic
2. Encourage the use of remote technology if face to face is not possible. Examples may include mobile or online applications which can be used to provide support for those in need and opportunities to report DV/CAN to facilitate swift public sector responses
3. Research funding should be directed to examine what works in improving prevention and detection of DV/CAN, and the prevention of the consequences, resultant from DV/CAN.

4. Implementation

Scaling up effective policy and programmes

Scale up effective and promising interventions and consider their impact and cost-effectiveness. In the current crisis, we are in a unique position to rapidly implement policy changes to support vulnerable individuals. However, we are not in a position yet to identify the most efficacious approaches. Urgent work must be done to improve steps 1-3 and once promising initiatives are identified, rapid approaches to scaling up are essential.